

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Healthcare Facility Preparedness  
(Medprep)

**GRANT PROGRAM NO.** 05-26-HBT**STATUTORY AUTHORITY:**

Annual Appropriation Bill

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade the preparedness of New Jersey healthcare facilities, public health agencies that support healthcare facilities and pre-hospital responders to respond to bioterrorism and other health emergencies and to allow them to develop regional plans and operations that will be used to respond to bioterrorism and other health emergencies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$5 million should be available in State Fiscal Year 2005. Awards should begin on July 1, 2004 and will be for a twelve-month period. The funding estimate may vary and is subject to state and federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Healthcare facilities, including acute care (general) hospitals, long term care facilities and federally qualified health centers; associations that represent healthcare facilities; designated LINCS health agencies; emergency medical services agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Healthcare facilities, including acute care (general) hospitals, long term care facilities and federally qualified health centers; associations that represent healthcare facilities; designated LINCS health agencies; emergency medical services agencies.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health & Senior Services  
Division of Health Emergency Preparedness & Response  
P.O. Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 292-3509**FAX:** (609) 943-5116**E-MAIL:** david.gruber@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.